

# **\*Sticky Wires\* \* A novel technique for temporary epicardial pacing wire placement.**

Published: 26-01-2009

Last updated: 06-05-2024

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|------------------------------|---------------------|
| <b>Ethical review</b>        | Approved WMO        |
| <b>Status</b>                | Will not start      |
| <b>Health condition type</b> | Cardiac arrhythmias |
| <b>Study type</b>            | Interventional      |

## **Summary**

### **ID**

NL-OMON33566

### **Source**

ToetsingOnline

### **Brief title**

Sticky Wires

### **Condition**

- Cardiac arrhythmias

### **Synonym**

Several diseases can be treated with temporary epicardial pacing: brady- or tachyarrhythmia's.

### **Research involving**

Human

### **Sponsors and support**

**Primary sponsor:** Academisch Ziekenhuis Maastricht

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** Temporary epicardial pacing

## Outcome measures

### Primary outcome

1. feasibility and ease of novel implant technique (feasibility assessment based on "failure rate" (i.e., lead dislodgement)); 2. acute and chronic safety of implant technique; 3. electrical performance of the new leads; 4. force needed to extract the lead out of pace patch; 5. complications upon withdrawal of the lead.

### Secondary outcome

NA

## Study description

### Background summary

Temporary epicardial leads are often placed after cardiac surgery for treatment of arrhythmia\*s. Usually, these leads are implanted for several days up to a week in the postoperative course. Epicardial leads are usually placed by stabbing through the myocardium. Pacing leads may contain a coil at the electrode end to secure the lead and prevent accidental dislodgement out of the myocardium. Although used commonly, temporary pacing leads are associated with complications. At implant, bleeding may occur due to the needle stabbing or the presence of a coil at the electrode tip. This, in turn, may require additional sutures to stop bleeding. In addition, extraction of the lead in the postoperative course may cause disruption of coronary anastomoses, atrial and ventricular lacerations, resulting in hemorrhage and cardiac tamponade. Other complications include arrhythmia\*s or migration of retained wire.

### Study objective

Primarily, this study aims to investigate (i) the feasibility and safety of a novel temporary epicardial pacing wire placement using two unipolar pacing electrodes embedded in a gelatin sponge and (ii) the stability of electrical

performance of the pace patch, both in comparison to conventional leads.  
Complications upon lead extraction (bleeding) serves as a secondary objective.

## **Study design**

Interventional study without control group.

## **Intervention**

Novel temporary pacing lead is placed with conventional back-up lead.

## **Study burden and risks**

Patients with need for postoperative pacing may be the first ones to benefit from this innovation in the future. The technique may enable easier and less invasive lead placement and extraction, which may lead to less (bleeding) complications. Patients receive standard treatment. The patch in which the lead is embedded is biodegradable and already used in the field of cardiac surgery (used for hemostasis). We investigated in animal studies that novel lead placement does not carry surplus risk over conventional treatment. For safety reasons, a conventional back-up lead is placed. Hereby, we guarantee that patients can be paced under all circumstances, when necessary.

## **Contacts**

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## **Trial sites**

## Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

All will-competent patients of either sex and above the age of 18 undergoing open chest surgery for the first time in their life for coronary artery bypass grafting (CABG) and/or heart valve surgery are potential candidates for this study.

### Exclusion criteria

Exclusion criteria include will-incompetency, age below 18, and prior cardiac surgery.

## Study design

### Design

**Study type:** Interventional

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

### Recruitment

NL

Recruitment status: Will not start

Enrollment: 16

Type: Actual

## Ethics review

Approved WMO

Date: 26-01-2009

Application type: First submission

Review commission: METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

| Register | ID             |
|----------|----------------|
| CCMO     | NL25905.068.08 |